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ABSTRACT

Data on the socioeconomic status of elderly Hispanic Americans are limited. Issues that address the needs of younger populations have taken priority. This report is an attempt to publicize data on elderly Hispanic people and to recommend changes in the way they are regarded and served. The findings are the following: (1) this population is growing rapidly; (2) elderly Hispanic Americans are concentrated in New York, Florida, Texas, and California; (3) they are likely to live in multigenerational families; (4) they are the least educated elderly subgroup; (5) those who wish to participate in the labor force are more likely to be unemployed than members of other groups; (6) the poverty rate is high, twice as high as for Whites, but not as high as for Blacks, whose rate is three times that of Whites; (7) they are less likely to receive public assistance; (8) they are more likely to suffer from chronic illness or disability; (9) a partnership needs to be forged between family and government to better serve the Hispanic elderly; and (10) policy changes are needed to improve their economic status and that of the extended families who care for them. Twenty-two figures and a 26-item bibliography are included. (VM)

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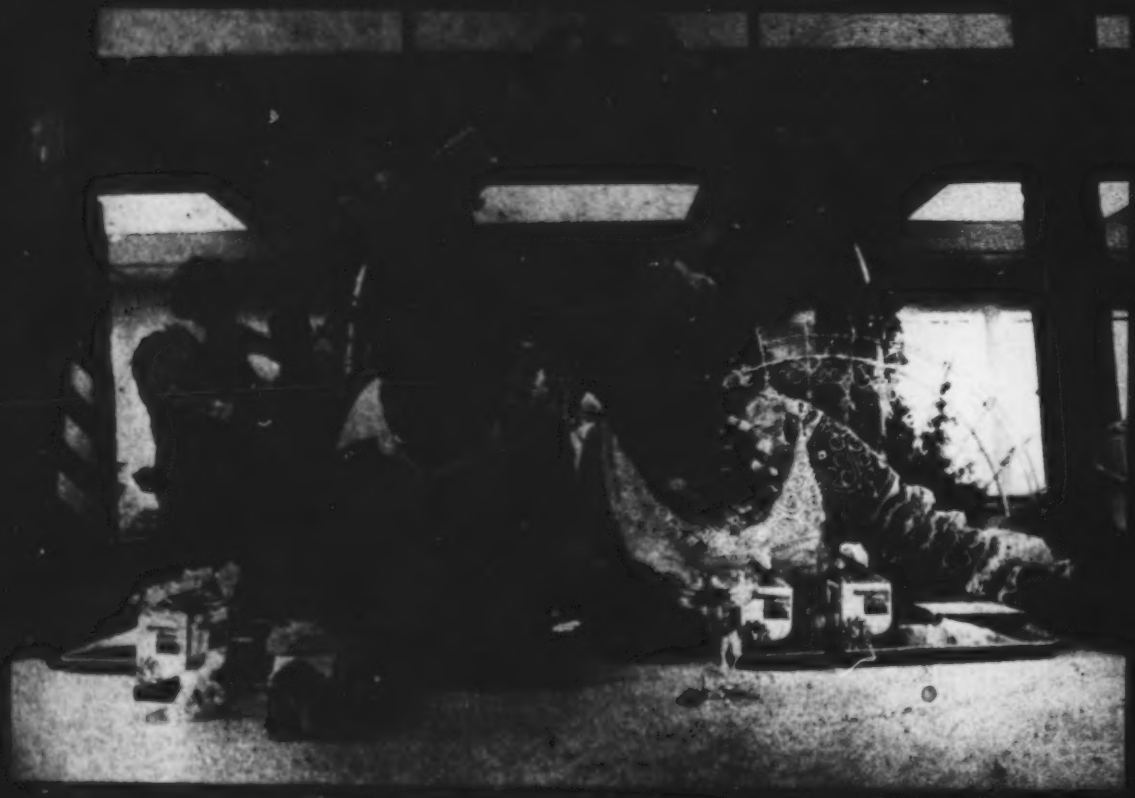
The Hispanic Elderly: A Demographic Profile



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NATIONAL COUNCIL OF LA RAZA

The National Council of La Raza exists to improve life opportunities for the more than 20 million Americans of Hispanic descent. A nonprofit, tax-exempt organization incorporated in Arizona in 1968, the Council serves as an advocate for Hispanic Americans and as a national umbrella organization for its local "affiliates" -- Hispanic community-based groups which serve 32 states, Puerto Rico, and the District of Columbia -- and for other local Hispanic organizations nationwide. In addition to its Washington, D.C. headquarters, the Council maintains field offices in Los Angeles, Phoenix, and Edinburg, Texas. The Council's network includes more than 3,000 Hispanic organizations and individuals nationwide.

The Council has four major program focuses: applied research, policy analysis, and advocacy on behalf of all Hispanic Americans, carried out through the Policy Analysis Center; capacity-building assistance to Hispanic organizations, entrepreneurs, and public officials, to strengthen their self-help and human service efforts and help them meet the needs of their communities; public information activities designed to inform Hispanic communities and the general American public about Hispanic history and culture, contributions, status and needs; and catalytic special projects, including coalition efforts and innovative projects which can often be "spun off" to become independent entities.

THE HISPANIC ELDERLY:
A DEMOGRAPHIC PROFILE

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Others also assisted with the project. They include Donna Jerry of the Villers Foundation; Rumaldo Juarez of Pan American University; Sandra Nathan of the American Association of Retired Persons (AARP); Marta Sotomayor of the National Hispanic Council on Aging; Fernando Trevino of the University of Texas at Galveston; and Robert Valdez of the Rand Corporation. The contributions of each are greatly appreciated.

The cover picture for this report was supplied by a community-based Council "affiliate," Amigos del Valle, in McAllen, Texas, which serves Hispanic elderly in the Rio Grande Valley; special thanks go to Executive Director Amancio Chapa.

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All the opinions expressed in this report are those of the National Council of La Raza, and do not necessarily reflect the views of the project funders.

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THE HISPANIC ELDERLY: A DEMOGRAPHIC PROFILE

I. SUMMARY

Data on the socioeconomic status of the Hispanic elderly in this country are limited. Hispanics are a young population -- the current median age for Hispanics is 25 years compared to almost 33 for non-Hispanics. The poverty rate for Hispanic families has worsened during the past decade, and Hispanics remain the most undereducated major U.S. subpopulation. Consequently, issues that address the needs of younger population subgroups have typically taken priority over issues of the elderly. Moreover, many federal agencies still do not routinely collect, tabulate, and/or publish data on the Hispanic population overall; because the elderly represent a relatively small subset of the total Hispanic population, data on their socioeconomic status are especially incomplete.

This country's population as a whole is aging. The number of Hispanic elderly, while currently a small proportion of the total Hispanic population, is growing rapidly. Yet the Hispanic elderly population has been virtually ignored by many federal agencies and by most major aging advocacy organizations.

Much of the existing socioeconomic data on Hispanic elderly is unpublished or incompletely tabulated. The information obtained and analyzed for this report shows the following:

While currently a small proportion of the total Hispanic population, the Hispanic elderly population is growing rapidly. In fact, Hispanics are the fastest growing segment of the 65-and-over population.

The Hispanic elderly are primarily concentrated in four states -- California, Texas, Florida, and New York. More than seven out of ten elderly Hispanics live in these states, and more than seven out of eight live in just ten states.

The Hispanic elderly are more likely to live in the community and in multigenerational families than other elderly. They are far less likely than White elderly to live in homes for the aged.

Hispanics are the least educated elderly subgroup. They are much more likely than the overall elderly population to have had no formal schooling, and less than half as likely to be high school graduates.

Hispanic elderly have labor force participation rates similar to those of Blacks and Whites, but Hispanic elderly in the labor force are far more likely to be unemployed. Elderly Whites are two and-one-half times as likely as Hispanics to hold managerial or professional jobs; Hispanics are especially likely to work in service jobs or as operators, fabricators, or laborers.

The median per capita income for elderly Hispanics is less than two-thirds that of Whites, and the poverty rate for Hispanic elderly is twice as high as the White rate. Blacks remain the poorest group of elderly; the poverty rate for Black elderly is three times the White rate.

The Hispanic elderly are less likely than Blacks or Whites to receive Social Security, and more likely to depend on earnings and on public assistance -- in the form of Supplemental Security Income (SSI) -- to survive. Nearly one in four elderly Hispanics receives no Social Security, compared to one in seven Blacks and just one in 12 Whites. Elderly Hispanics are more than four times as likely as Whites to be receiving SSI.

The Hispanic elderly are more likely than Whites to suffer from chronic illness or disability, but they are less likely than other elderly to use formal long-term care services. Hispanics use the physician's office as their usual place of treatment; Hispanics have more physician visits than other elderly groups, but are far less likely to receive dental care.

One myth about Hispanic elderly is that because of the strong Hispanic family structure, their families take care of them; therefore, they have no need for services. Hispanic culture places high priority on extended families which include the elderly and the younger generations, and it appears that Hispanic elderly are more likely than Whites to live with their children in families in which the offspring is the householder rather than the elderly parent. However, income and poverty data make it clear that a large proportion of Hispanic families are struggling to survive. They need supportive services from the community and the government to help in caring for their elderly members. Unfortunately, current public policies and programs too often discourage rather than encourage multigenerational families.

A partnership is needed between the family and the government -- and including community-based organizations and the private sector -- so that the Hispanic elderly can be better served and live out their lives in a productive and dignified manner. This will require, first, a better understanding of the status and needs of the Hispanic elderly. A federal mandate is needed to improve and extend the collection, tabulation, analysis, and reporting of data on the Hispanic elderly.

Policy changes are needed to improve the economic status of the Hispanic elderly and of extended families who care for them. Of special concern is the need for greater equity in the Social Security system; consideration should be given to adding a variable age formula which would take into account not only recipient age but also the number of years worked. Federal guidelines for programs such as federal housing assistance and other cash and non-cash benefit programs should be changed so that they do not separate or penalize multigenerational families. Social and health services should also be extended and better targeted, and public policy should emphasize the development of community support mechanisms for the elderly and their families. Programs for the elderly should serve as family supports, not family substitutes.

II. INTRODUCTION

A. Purpose of the Report

The mass media have influenced America's attitudes, values, and perceptions about the status and roles of older persons. Such major newspapers as the **New York Times** and the **Wall Street Journal** have written about the golden years of this country's senior citizens and how their lives have improved during the past two decades. They have helped to create a myth that senior citizens in the United States lead a privileged lifestyle replete with abundant -- or at least adequate -- resources. Recently, The Villers Foundation published a report entitled "The Other Side of Easy Street," which shatters these myths. It calls attention to the subgroup of elderly Americans who were identified in 1979 by the President's Commission on Mental Health as an "at-risk" and vulnerable population. A very large proportion of the Hispanic elderly fall into this vulnerable group.

Statistical data describing the Hispanic elderly are limited, and much of the available information has not been published. This report is an attempt to describe and discuss the socioeconomic status of the Hispanic elderly, and to provide a better understanding of the conditions under which they live, the problems they face, and the need for appropriate policies and programs to address their needs.

B. Demographic Trends

The elderly population in the United States is growing rapidly. According to statistics from the Bureau of the Census, in 1960 the total population 60 years of age and over was 24 million. In 1980 that figure had risen to 36 million, an increase of 50%. The 65-and-older population grew twice as fast as the rest of the population between 1960 and 1980, and the 85-and-older population experienced the largest growth -- 165% in the last two decades. It is projected that by 1990 the ratio of persons over 65 to persons under 65 will be one to five. This growth has created demands for increased services for the total elderly population. Improved long-term care has become a major concern, since not only is the population increasing, but life expectancy is also increasing.

For minorities, who include American Indian/Alaskan Natives, Asian and Pacific Islanders, Blacks, and Hispanics, the increase in the population 60 years of age and over between 1970 and 1980 was 46%. According to the Bureau of the Census publication, "Projections of the Hispanic Population: 1983 to 2080," increases in the number of Hispanic elderly will account for one-quarter of the total Hispanic population growth over the next 20 years. Since 1970, the Hispanic elderly population has grown by 61% -- well above the growth rate of the total elderly population during the past 20 years. Although Hispanics are a young population -- with a median age of 25 years as compared to almost 33 for non-Hispanics -- the Hispanic elderly are not only a rapidly growing proportion of the total Hispanic population, but also among the most economically, physically, and emotionally vulnerable Hispanics. Therefore, it is important that accurate information be available on their socioeconomic characteristics as a basis for developing public policies and programs to meet their growing needs.

C. Data Availability and Limitations

The principal sources of information on Hispanic elderly used here are published and unpublished data from the 1980 Decennial Census and from the 1985 and 1987 Current Population Surveys, including special elderly tabulations provided by the Census Bureau and analyzed by the National Council of La Raza's staff; unpublished 1986 tabulations for the Bureau of Labor Statistics, and unpublished 1984 data from the Social Security Administration. We also used a number of other existing studies on the Hispanic elderly.

The data sources have limitations. Much of the data on Hispanic elderly is incomplete and at times outdated. Since the Hispanic elderly population is small compared to the rest of the Hispanic community and the total elderly population, many federal agencies do not typically separately analyze and report data on the Hispanic elderly, and few provide information separately for the Hispanic subgroups. Incomplete information and lack of subgroup data on the Hispanic elderly are a particular problem with education, employment, and health data. While the decennial Census attempts to count every American, the Current Population Surveys depend on a sampling procedure; because Hispanic elderly represent a small proportion of that sample, subgroup data often represent a very small number of actual interviews. Such information often remains unpublished because the sample sizes are too small to provide reliable data. In addition to this problem, some information, such as use of Medicaid by Hispanic elderly, simply is not available because Hispanic identifiers are not consistently used in the collection of the data.

One special complication in efforts to analyze and interpret data on the Hispanic elderly is the diversity of the population. Cubans represent only 5.4% of the total Hispanic population, but because they are much older than other Hispanics (with a median age of nearly 35.8 years, compared to 23.5 for Mexican Americans and 24.3 for Puerto Ricans), they comprise 13.6% of the Hispanic elderly. Cuban Americans -- as documented in many demographic reports on Hispanics -- are better educated, hold better jobs, and have higher incomes than members of the other major Hispanic subgroups. This appears to be particularly true of the Cuban American elderly, and reflects the fact that many middle- and upper-middle class Cubans came to the United States as political refugees during the first "two waves" of immigration after Castro came to power. Because subgroup data on education, employment, poverty status, and related socioeconomic indicators are frequently not available on the Hispanic elderly, it is difficult to accurately determine the status of various elderly subgroups. The combined data tend to understate the problems faced by Mexican American and Puerto Rican elderly.

In spite of these limitations, this report provides considerable data on the Hispanic elderly which were not previously available. The report was made possible by funding support from both The Travelers Companies Foundation and The Villers Foundation.

III. DEMOGRAPHIC OVERVIEW

A. Population Size

In March 1987, Hispanic adults 65 years and over represented 4.9% of the total Hispanic population, or 906,000 persons. Of these, 388,000 (42.8%) were males, and 518,000 (57.2%) were females (1987 Current Population Survey). Mexican Americans comprised a majority of the Hispanic elderly population at 54.1% (491,000). Cubans represented the second largest subgroup of Hispanic elderly; they made up 13.6% of the Hispanic elderly, but just 5.4% of the overall Hispanic population. The differences in composition of the overall Hispanic population and the Hispanic elderly population are shown in Figure 1, attached. A large proportion of the Mexican American elderly come from families who have lived in the Southwest since the 19th century or before (National Hispanic Council on Aging, 1987), while a very high proportion of elderly Cubans came to the United States as adults, as political refugees.

The majority of the Hispanic elderly are females. Women comprise a particularly large percentage of mainland Puerto Rican elderly and Central and South American elderly, as shown in Figure 2.

FIGURE 2
HISPANIC ELDERLY BY SUBGROUP AND SEX, 1987
(Number and Percent)

	Total Hispanic	Mexican American	Puerto Rican	Cuban	Cent./South American	Other Hispanic
Male						
Number	388,000	213,000	29,000	53,000	23,000	70,000
Percent	42.8	43.3	35.8	43.0	38.9	46.0
Female						
Number*	518,000	278,000	52,000	70,000	36,000	81,000
Percent**	57.1	56.6	64.1	56.9	61.0	53.2

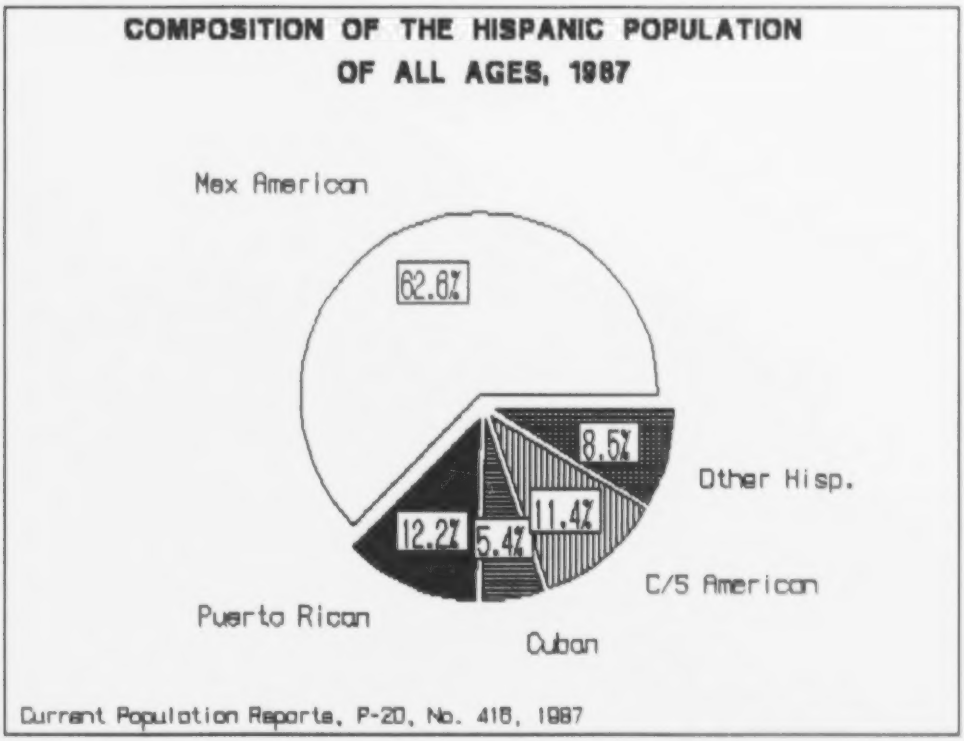
* Numbers rounded to the nearest thousand without being adjusted to group totals

** Individual percentages may not add up to 100.0% due to rounding

Source: March 1987 Current Population Survey, unpublished tables, Bureau of the Census

Hispanics are a young population, and a smaller proportion of the Hispanic population than of the total U.S. population are elderly. However, there are major differences by subgroup, as shown in Figure 3. Cubans are by far the oldest Hispanic subgroup, with a median age in 1987 of 35.8, compared to 23.5 for Mexican Americans, 24.3 for Puerto Ricans, and 27.3 for Central and South Americans; the median age for the total U.S. population is 31.9 years. Thus among the Hispanic subgroups, only Cubans have a percentage of elderly persons which is similar to that of the overall population.

FIGURE 1


COMPOSITION OF THE HISPANIC POPULATION
OF ALL AGES, 1987
Mex American
62.6%
8.5%
Other Hisp.
11.4%
12.2%
5.4%
C/S American
Puerto Rican
Cuban
Current Population Reports, P-20, No. 416, 1987

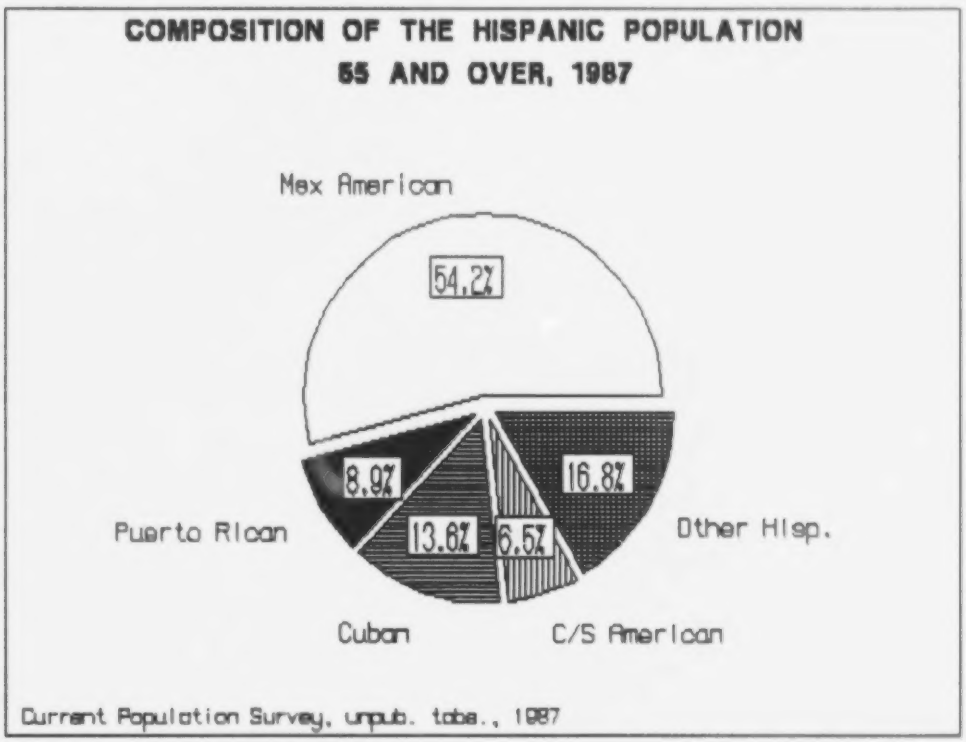
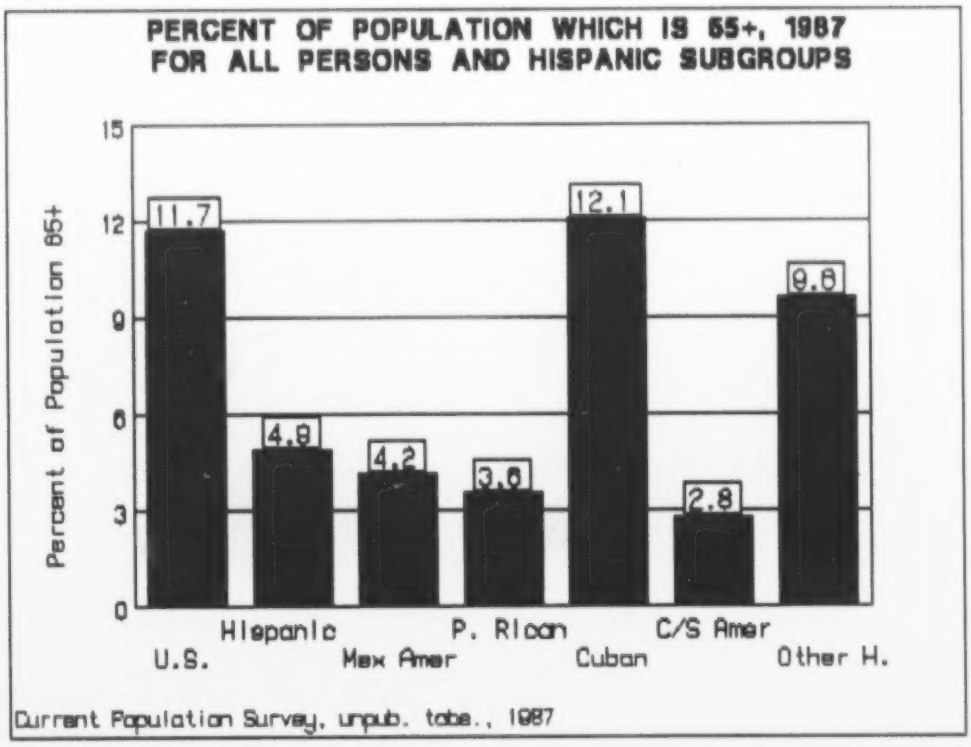

COMPOSITION OF THE HISPANIC POPULATION
65 AND OVER, 1987
Mex American
54.2%
8.9%
16.8%
Puerto Rican
13.8%
6.5%
Other Hisp.
Cuban
C/S American
Current Population Survey, unpub. tabs., 1987

FIGURE 3



B. Geographic Concentrations

The Hispanic elderly population is primarily concentrated in four states, with different Hispanic subgroups predominating in different states. As of 1980, more than 70% of the Hispanic elderly lived in California, Texas, Florida, and New York. In California and Texas, the majority of the Hispanic population are of Mexican and to a lesser extent Central American origin; Florida is the home primarily of Cuban elderly, and New York of Puerto Ricans and Hispanics from the other Caribbean Islands, especially the Dominican Republic. In 1980, about seven out of eight Hispanics lived in just ten states; Figure 4 shows these top ten states in Hispanic elderly population.

The Hispanic elderly are also more urbanized than any other elderly population group. In 1980 only 11% of the Hispanic elderly lived in rural areas, compared to 20% of the Black population and 26% of the White population (Agree, 1986). The low percentage of Hispanic elderly living outside metropolitan areas is consistent with the figure for the entire Hispanic population; just 12% of Hispanics lived outside metropolitan areas in 1980, compared to 24% of non-Hispanics.

FIGURE 4
TOP TEN STATES IN HISPANIC ELDERLY POPULATION, 1980

	State	Number of Hispanic Elderly	Percent of All Hispanic Elderly
1.	California	169,787	25.3
2.	Texas	145,333	21.6
3.	Florida	93,815	14.0
4.	New York	72,075	10.7
5.	New Mexico	29,788	4.4
6.	Arizona	19,281	2.9
7.	New Jersey	18,495	2.8
8.	Colorado	15,454	2.3
9.	Illinois	14,976	2.2
10.	Pennsylvania	6,600	1.0

Source: Emily M. Agree, Center for Population, Georgetown University, 1986; analysis of 1980 Census data

C. Living Arrangements

Hispanic elderly are more likely to live in the community and less likely to be institutionalized than White elderly. According to a 1986 Georgetown University study for the American Association of Retired Persons (AARP), 97% of the Hispanic elderly as of 1980 lived in households in the community, either alone, with family members, or with non-relatives, compared to 96% of the Black population and 94% of the total elderly population. According to the 1980 Census, elderly Hispanics are far less likely than elderly Whites to live in homes for the elderly, as shown in Figure 5.

FIGURE 5
ELDERLY LIVING IN HOMES FOR THE AGED, 1980
(Percent)

	White		Black		Hispanic	
Age	Male	Female	Male	Female	Male	Female
65-74	1.3	1.7	1.7	1.5	1.0	0.9
75+	6.8	12.4	4.9	6.7	4.3	5.4

Source: 1980 Census of Population, "Living Arrangements of Children and Adults," U.S. Bureau of the Census

The Hispanic elderly appear to be more likely than other elderly groups to live in multigenerational families, especially with their children. In 1985, 60.7% of Hispanic elderly were householders, and of these only 23.6% lived alone; 36.5% lived with a spouse or other family members, and just 0.7% lived with non-relatives. Data on multigenerational families are more difficult to

obtain, and it appears that there are differences among elderly groups in the types of multigenerational families -- the elderly may be the householders in a family which includes their grown children and/or grandchildren, or they may live with children who are themselves the householders.

Data from the 1970 Census showed that Blacks were more likely than Hispanics to be heads of three-generational households; 33.6% of Black elderly were householders in families including their children and grandchildren, compared to 25.3% of Hispanics and just 15.2% of Whites. This may well reflect the differences in socioeconomic status of minority versus White families. However, detailed data on multigenerational living arrangements were not generated in 1980 Census analyses.

Other surrogate measures are available for 1980 which suggest the extent to which Hispanic elderly live in multigenerational families. Of the 39.2% of Hispanic elderly who were not householders, 37.4% (including 14.4% of men and 54.0% of women) lived in families. This group included many women living with husbands who were householders. About 39.1% of Hispanic elderly were widowed in 1985; and of this group, more than one-third (34.4%) were not householders but lived in families, with relatives. The corresponding percentage for all elderly Americans was only 15.3%.

Related data also suggest that Hispanics are much more likely than Whites or Blacks to live with their children where the children -- not the elderly persons -- are the householders. In 1980, among non-householders, Hispanic women 65-74 were four times as likely as Whites to live with children householders. Percentages were lower for all men, probably because they were more likely to be householders themselves, but ratios were similar; they were about four times as likely as Whites at 65-74 and more than twice as likely at 75+ to live with householders who were their children. For both men and women, Blacks fell between Hispanics and Whites, but were much closer to Whites (See Figure 6, below).

FIGURE 6
ELDERLY WHO WERE PARENTS OR PARENTS-IN-LAW OF HOUSEHOLDERS, 1980
(Percent)

Sex and Age	White	Black	Hispanic
Women			
65-74	4.3	6.3	16.1
75+	11.8	14.7	26.4
Men			
65-74	1.4	2.0	5.5
75+	5.2	5.8	13.7

Source: 1980 Census of Population, "Living Arrangements of Children and Adults," U.S. Bureau of the Census

IV. SOCIOECONOMIC STATUS

Available socioeconomic data show that the Hispanic elderly are far more likely than White elderly to have limited education and low incomes, and to lack the economic security enjoyed by many older persons in the United States.

A. Education

Hispanics are the least educated elderly subgroup. The median number of school years completed for Hispanics 65 years and older in 1987 was 7.4, compared to 8.4 for Black elderly and 12.1 for White elderly (March 1987 Current Population Survey, unpublished data). In 1985, more than one-third (34.6%) of the Hispanic elderly had less than five years of school, compared to about one in four (23.3%) Black elderly, and just one in 20 (5.0%) White elderly (See Figure 7). Only about one in five Hispanic (21.1%) and Black (22.0%) elderly had completed four years of high school or more, compared to half (50.1%) of White elderly (See Figure 8). While the number of Puerto Rican elderly was too small to yield reliable data, subgroup data for other groups indicate that Mexican Americans were the most likely (47.2%) to have completed less than five years of school and least likely (11.2%) to be high school graduates. Cubans were only one-third as likely as Mexican Americans to have less than five years of schooling, and nearly three times as likely to be high school graduates.

FIGURE 7

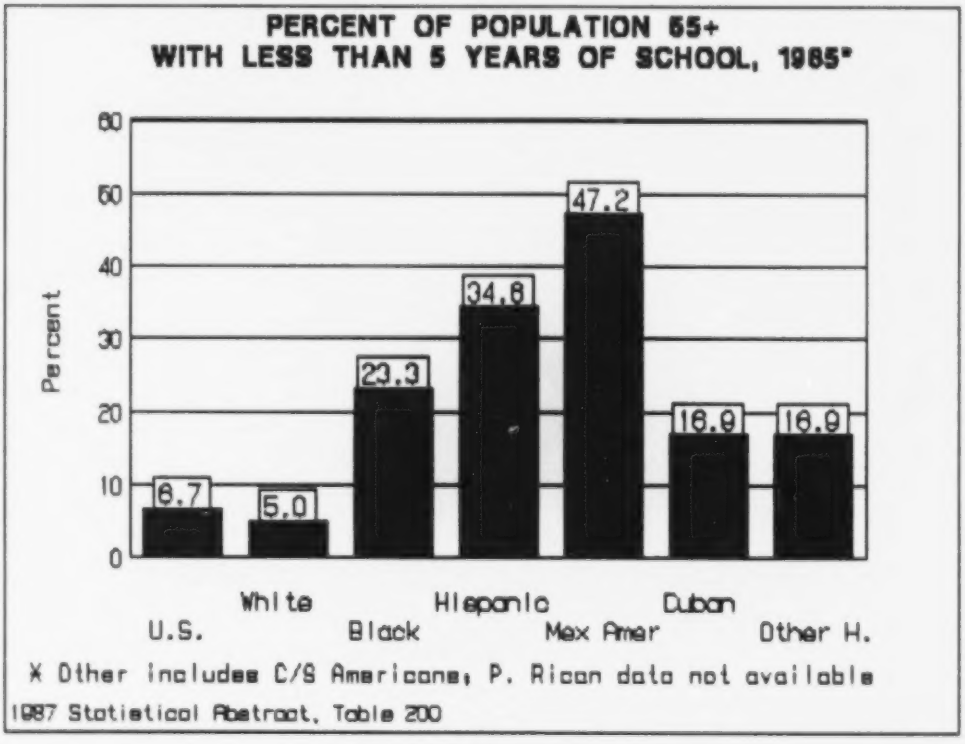
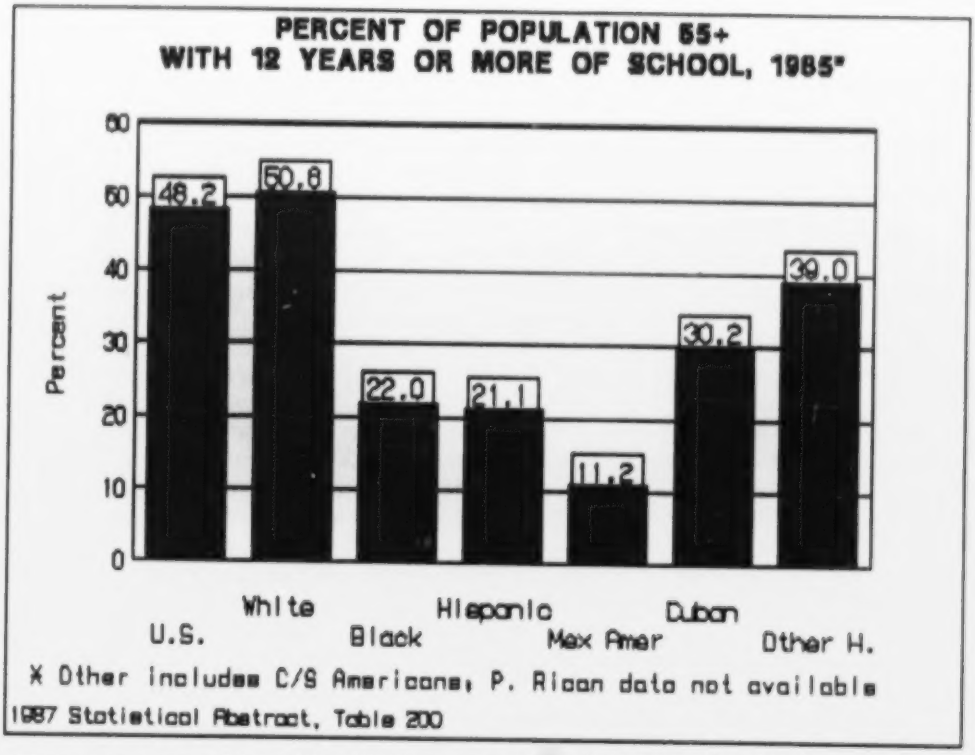


FIGURE 8



There are considerable differences in educational attainment by age for the Hispanic elderly. Not surprisingly, Hispanics 75 and over tend to have less schooling than those 65-74. As Figure 9 indicates, in 1985, nearly one in four Hispanics 75 and over (24.4%) had no formal schooling. While a similar proportion of Black and Hispanic elderly had educations at the high school level or above, Hispanics were considerably more likely to have no formal schooling.

FIGURE 9
EDUCATIONAL ATTAINMENT LEVELS BY AGE
FOR BLACK AND HISPANIC ELDERLY, 1985
(Percent)

Age	Median Years of School		No Formal Schooling		High School Grad. or More		College Grad.	
	Black	Hisp.	Black	Hisp.	Black	Hisp.	Black	Hisp.
65-69	9.0	8.2	2.2	11.6	29.7	26.3	5.0	5.4
70-74	8.1	7.4	3.3	7.3	19.9	19.9	4.8	4.1
75 and over	6.9	5.3	9.4	24.4	15.9	16.3	3.6	4.1

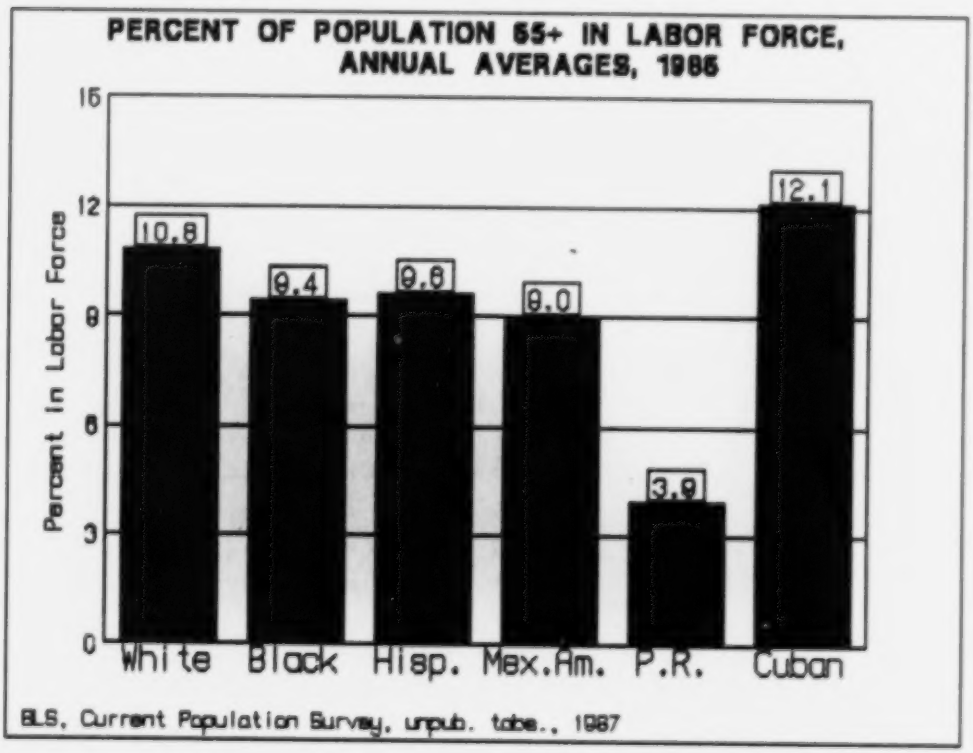
Source: 1985 Current Population Survey, unpublished tabulations, Bureau of the Census

It is sometimes suggested that limited English proficiency contributes to low Hispanic educational levels. In 1980, according to Census data, about 90% of Hispanic elderly reported that they spoke Spanish at home. Combining data from several sources, it appears that 57% of all Hispanic elderly in 1980 (including the approximately 10% who spoke English in the home) reported that they spoke English well or very well, while 22% reported they did not speak English at all. According to the National Hispanic Council on Aging (NHCoA), the Hispanic elderly have the second highest illiteracy rate among racial/ethnic groups. This is not surprising, since Hispanics as a group have the lowest educational attainment of any major subpopulation, and up to 56% of Hispanic adults are functionally illiterate in English. However, it has been estimated that 88% of limited-English proficient Americans who are illiterate in English are also illiterate in their native language.

B. Employment

Hispanic elderly have a labor force participation rate similar to that of Blacks and Whites, but are far more likely to be unemployed. About 9.6% of Hispanics 65 and over, 10.8% of White elderly, and 9.4% of Black elderly were in the labor force in 1986 (See Figure 10). Data on Hispanic subgroups are available, but should be used with caution since interview sample sizes were very small. The data indicate that among Hispanic subgroups, Cubans were the most likely to be in the labor force, and Puerto Ricans the least likely.

FIGURE 10



Of those in the labor force in 1986, Hispanics were by far the most likely to be unemployed; 10.7% were without jobs, almost five times the rate (2.3%) for White elderly and nearly seven times the rate (1.6%) for Black elderly. The vast majority of elderly Americans were not in the labor force. Reasons for non-participation were fairly consistent among the different population groups, though Hispanics and Blacks were more likely than Whites to report that they were "unable to work" than Whites (See Figure 11). This implies a higher rate of disability among Hispanic and Black than among White elderly. Subgroup data suggest that Puerto Ricans have a much higher disability rate than Cubans or Mexican Americans.

FIGURE 11
EMPLOYMENT STATUS OF THE CIVILIAN NONINSTITUTIONAL POPULATION
65 YEARS OLD AND OVER, BY RACE AND HISPANIC ORIGIN
Annual Averages, 1986
(Numbers in thousands)

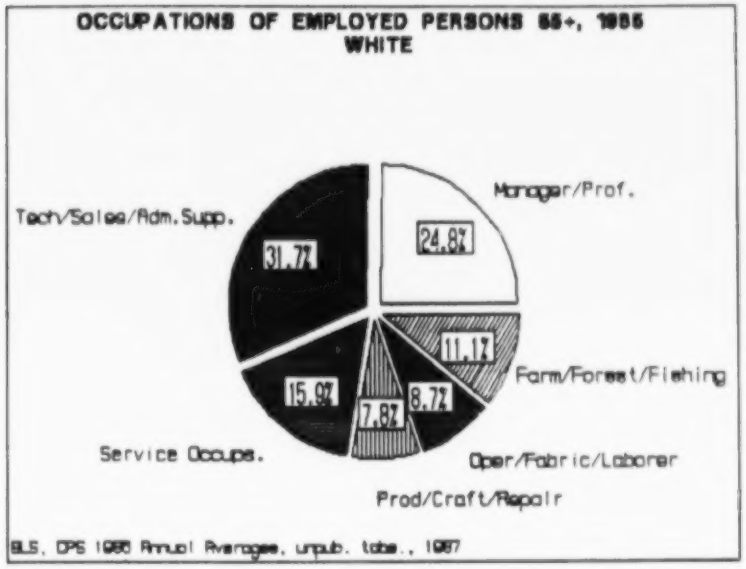
	White	Black	Hispanic
Total Civilian Non-institutional Population			
Number	19,371	2,088	875
Percent	100	100	100
% of Population in Labor Force	10.8	9.4	9.6
% of Labor Force Employed	97.6	98.1	90.5
% of Labor Force Unemployed	2.3	1.6	10.7
% of Population not in the Labor Force	89.2	90.6	90.4
Reasons:			
Keeping House	35.4	32.9	33.0
Going To School	0.0	0.0	0.1
Unable to Work	3.5	7.4	5.6
Other Reasons	50.3	50.2	49.5

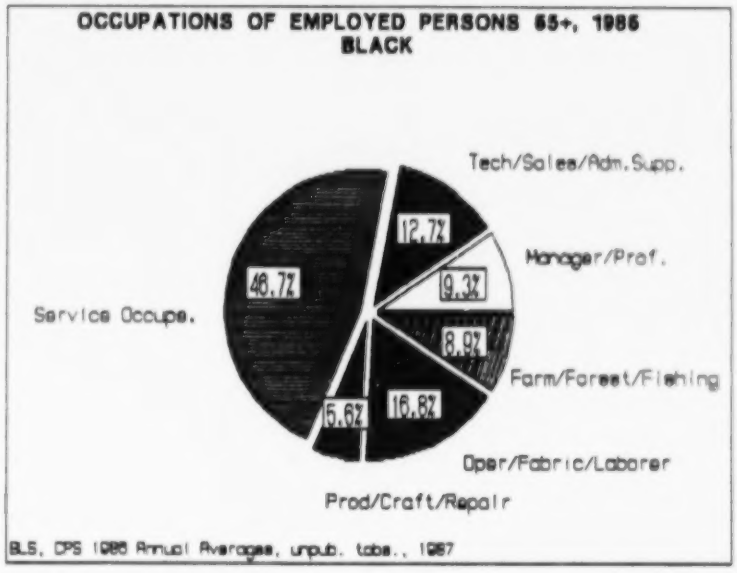
Note: Figures may not add to 100% due to rounding and sampling error

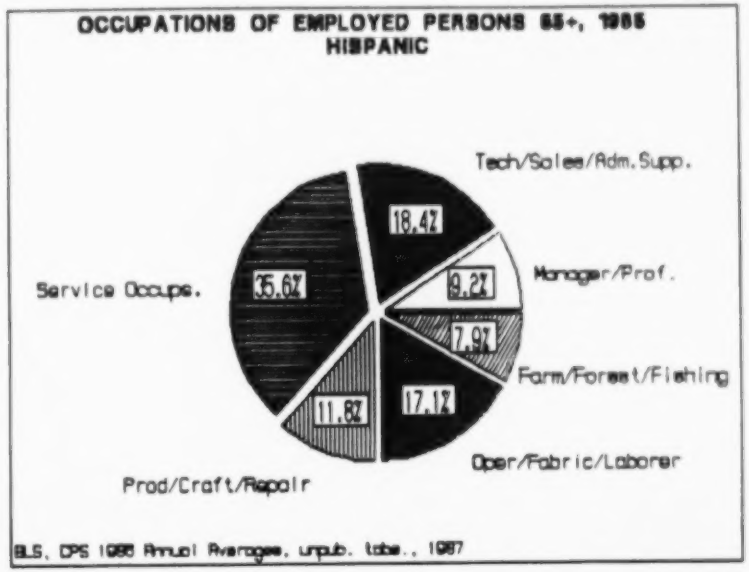
Source: Department of Labor, Bureau of Labor Statistics, Employment and Earnings, January 1987, and Current Population Survey, unpublished tabulations, 1987

For the approximately one in ten elderly persons who are employed, type of occupation varies considerably by race/ethnicity, as shown in Figure 12 (attached). Hispanic and Black elderly tend to hold lower skill, lower paying jobs than White elderly. For example, White elderly (24.8%) are nearly three times as likely as Hispanics (9.2%) or Blacks (9.3%) to hold managerial and professional jobs. Hispanic elderly 65 years of age and over, if employed, are most likely to hold service jobs, with 35.6% in these occupations, compared to 18.2% of White elderly; an even higher proportion (46.7%) of employed Black elderly hold service jobs. The next most likely occupational category for the

FIGURE 12
OCCUPATIONS OF EMPLOYED PERSONS 65 AND OVER, 1986







Hispanic elderly is technical, sales and administrative support, with 18.4% holding such jobs, compared to 31.7% of Whites and 12.6% of Blacks. Elderly Hispanics (17.1%) and Blacks (16.4%) are more likely to hold jobs as operators, fabricators or laborers than elderly Whites (8.7%).

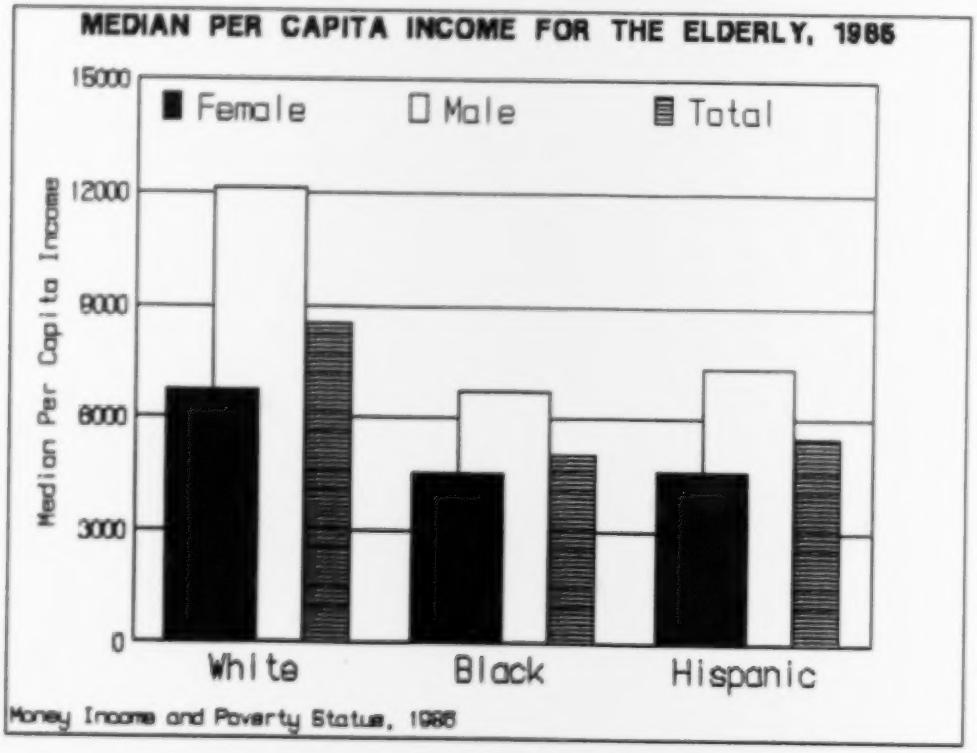
Comparisons between elderly Hispanics and the entire Hispanic work force shows that Hispanics 65 and over are far more likely to hold service jobs and less likely to hold managerial and professional positions.

C. Income Levels

A high proportion of minority elderly have incomes which would put them beneath the poverty level if they lived alone; this is especially true of minority elderly women. In 1986, the poverty threshold for a person 65 or over was $5,255, while for a couple it was $6,630. The median per capita income for Hispanic elderly in 1986 was $5,510, compared to $5,030 for Black elderly and $8,544 for White elderly (March 1987 Current Population Survey, unpublished tabulations). Thus the median per capita income for the Hispanic elderly was just above the poverty level, while that of Black elderly was just below it.

The median per capita incomes for minority elderly women were much lower than those for minority men, as shown in Figure 13. In 1986, Hispanic men aged 65 and over had a median per capita income of $7,369, compared to $4,583 for Hispanic women. This compares to $6,757 for Black males and $4,508 for Black females, and $12,131 for White males and $6,738 for White females.

FIGURE 13



Data from the Social Security Administration show that the elderly population is economically diverse: in 1984, about one in five had an income under $5,000 -- the approximate poverty threshold at that time for one person aged 65 or older -- while 3% had incomes of $50,000 or more, and the median income was $10,170. Twice as many Hispanic elderly, compared to the total elderly population, had incomes under $5,000, less than 1% had incomes of $50,000 or more, and the Hispanic median per capita income was $6,040 (See Figure 14).

FIGURE 14
PER CAPITA INCOME OF HISPANICS AND ALL ELDERLY, 1984
(Percent and Median Per Capita Income)

Income	All Elderly	Hispanic
Under $5,000	19%	37%
$50,000 or more	3	1
Median income	$10,170	$6,040

Source: Social Security Administration, unpublished report, 1987

These income data are useful for comparison with information on Social Security income, which are available for the same year, as discussed below.

D. Sources of Income

The basis for the economic security of most Americans is Social Security. Hispanics are less likely than the overall U.S. elderly population to receive Social Security, but those who receive it tend to depend upon it more than White Americans, as shown in Figure 15.

FIGURE 15
IMPORTANCE OF SOCIAL SECURITY AS AN INCOME SOURCE
FOR THE ELDERLY, 1984
(Percent)

	White	Black	Hispanic
Percent of Elderly Receiving Social Security	92	85	76
Proportion of Income from Social Security,			
50% or more	62	78	72
90% or more	24	39	38
100%	14	28	27

Source: Social Security Administration, unpublished tables, 1984

As the table indicates, in 1984, only about three out of four Hispanic elderly persons received Social Security benefits, compared to nearly seven out of eight Black elderly and more than nine out of ten of the White elderly. It was the major source of income -- providing at least half of total income -- for more than seven in ten (72%) of the Hispanic beneficiaries, compared to nearly eight in ten (78%) of the Black beneficiaries and six in ten (62%) of the White beneficiaries. It contributed 90% or more of the income for nearly four in ten Hispanic (38%) and Black (39%) beneficiaries, compared to just one in four (24%) of the White beneficiaries. And it was the only source of income for more than one-fourth (27%) of the Hispanic and Black (28%) beneficiaries and for just one in seven (14%) of the White beneficiaries.

Social Security Administration data also identify the sources of income for various elderly groups. As Figure 16 shows, **Hispanics are far less likely than Whites to receive retirement benefits other than Social Security, and less than half as likely to have income from interest or other assets.** They are less likely than either Whites or Blacks to receive public pensions or veterans' benefits. Hispanics and Blacks are both more than four times as likely as Whites to receive Supplemental Security Income. Elderly Hispanic women are particularly likely to receive SSI; 29% receive SSI benefits, compared to 22% of elderly Black women and just 8% of White women.

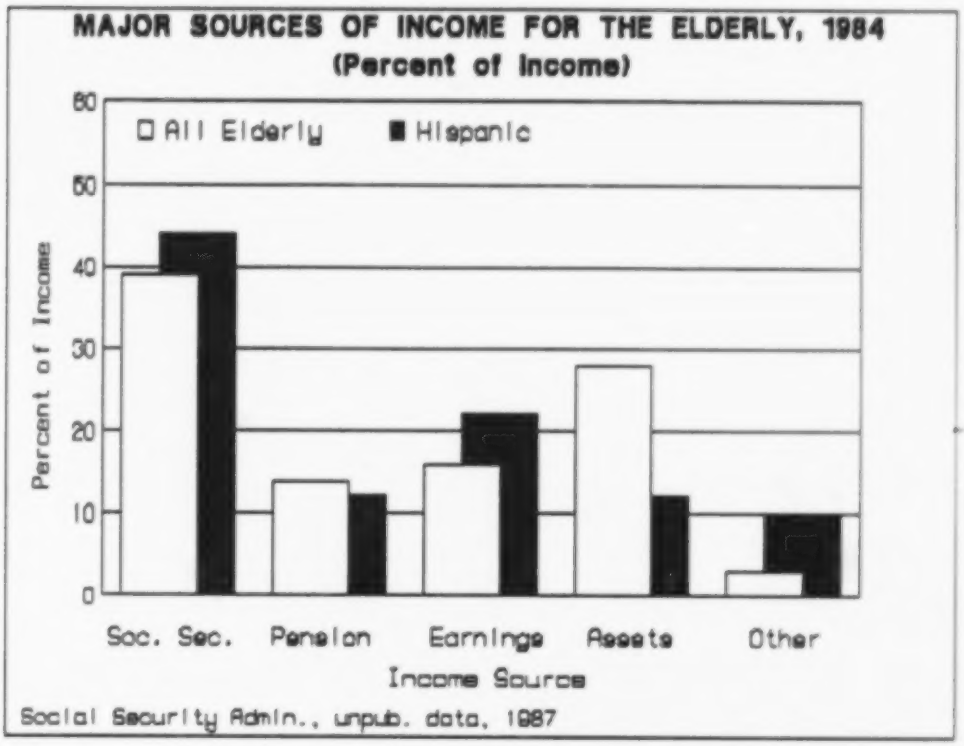
FIGURE 16
PERCENT OF ELDERLY RECEIVING INCOME FROM VARIOUS SOURCES, 1984

Income Source	White	Black	Hispanic
Earnings	21	20	20
Retirement Benefits	95	88	79
Social Security	92	85	76
Other Pensions or Annuities	40	23	20
Public	17	11	7
Private	25	13	13
Income from Assets	72	30	35
Veterans' Benefits	5	6	3
Unemployment Compensation	1	1	1
Workers' Compensation	1	1	1
Public Assistance	7	26	27
Supplemental Security Income	6	25	26
Other	0	2	1
Personal Contributions	1	0	1

Source: Income of the Population 65 and Over, 1984, Social Security Administration, 1987

Social Security Administration data also show that the Hispanic elderly receive a higher proportion of their income from Social Security and earnings and less from assets than other elderly Americans. According to a 1987 unpublished report, money income for the U.S. population 65 years or older comes largely from four sources -- Social Security benefits, earnings from work, public and private pensions, and asset income. These four major sources accounted for 96% of the income of all elderly in 1984, and Social Security accounted for the largest portion of the total at 38%. The Hispanic elderly, who made up 3% of the total elderly population, received more of their income from Social Security and earnings and less from assets than the overall elderly population. In addition, a fifth source, public assistance -- Supplemental Security Income (SSI) or other welfare benefits -- accounted for 10% of total income among Hispanic elderly and just 3% among all elderly (See Figure 17).

FIGURE 17



Supplemental Security Income (SSI) is a form of public assistance available to elderly people whose income and assets do not exceed certain limits. In 1984, Hispanics were three times as likely as all U.S. elderly to receive SSI, which reflects the fact that they were especially likely to have low incomes and to be ineligible for Social Security. On the other hand, compared to the total elderly population, Hispanics were also almost twice as likely to collect neither Social Security nor SSI, as shown in Figure 18. This

may reflect non-participation of eligible people in SSI. The Villers Foundation in conjunction with Donna Jerry is currently researching the the participation of aged persons in the SSI program in the State of Massachusetts. The study found that "SSI has developed into an unnecessarily complex program which has failed to live up to its promises and failed to reach many of people it was designed to serve."

FIGURE 18
PERCENT OF ELDERLY RECEIVING SOCIAL SECURITY
AND SUPPLEMENTAL SECURITY INCOME, 1984

Source	All Elderly	Hispanic
Social Security and no SSI	85	65
SSI	8	26
With Social Security	6	14
Without Social Security	2	12
Neither Social Security nor SSI	7	12

Source: Social Security Administration, unpublished data, 1987

Elderly Hispanics who do not receive income from Social Security or other retirement benefits are more likely than other elderly Americans to receive the majority of their income from earnings or public assistance. As of 1984, of those elderly who had earned income, 54% of Hispanics obtained more than 50% of their income from earnings, compared to 45% of the Black elderly and 35% of the White elderly. Furthermore, the median income from earnings was $6,270 for Hispanic elderly, compared to $4,590 for Black elderly and $5,700 for White elderly. This information, combined with data on Social Security, suggests that the Hispanic elderly are more likely than other elderly to work because they cannot afford to retire. Similarly, Hispanic elderly who are not employed appear particularly likely to depend on public assistance for a significant part of their income. In 1984, of those elderly receiving public assistance, 54% of Hispanics received more than half their income from public assistance, compared to 31% of Black elderly and 28% of White elderly (See Figure 19).

FIGURE 19

IMPORTANCE OF EARNINGS AND PUBLIC ASSISTANCE
AS INCOME SOURCES FOR THE ELDERLY, 1984
(Percent)

Importance of Source	White	Black	Hispanic
Proportion of income from Earnings for Employed Elderly			
50% or more	35	45	54
90% or more	9	12	16
100%	2	4	5
Proportion of Income from Public Assistance for Elderly Receiving Assistance			
50% or more	28	31	54
90% or more	18	23	39
100%	16	22	36

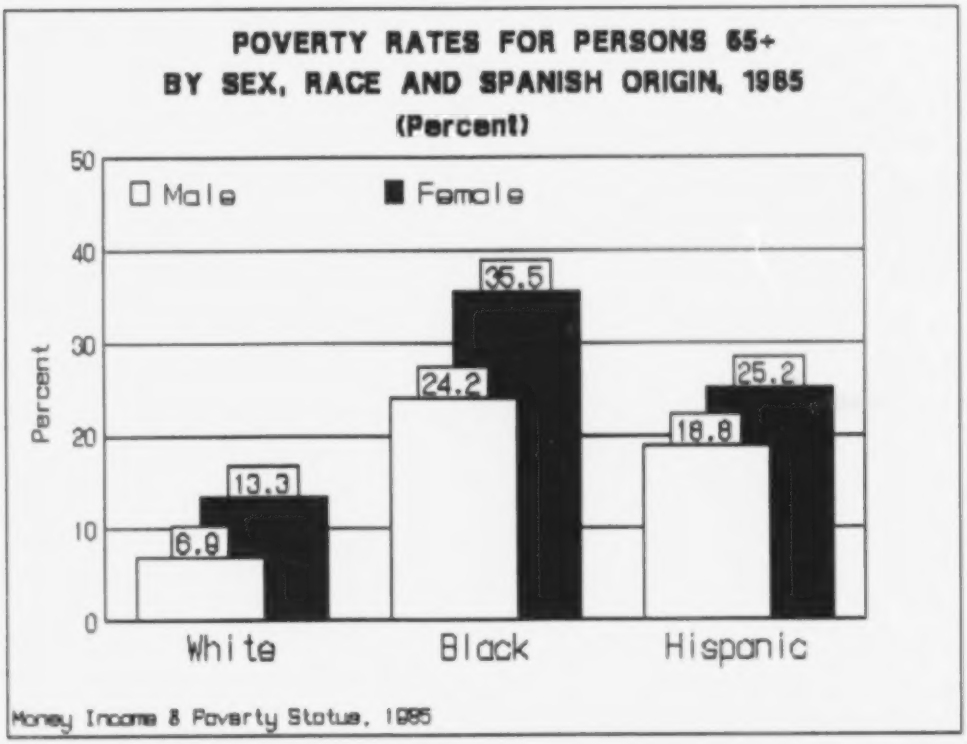
Source: Social Security Administration, unpublished tables, 1987

E. Poverty Status

The poverty rate for the Hispanic elderly has been gradually reduced from 32.6% in 1975 to 22.5% in 1986; the 1986 rate was 18.8% for Hispanic males and 25.2% for females. However, the poverty rate in 1986 for elderly Hispanics was still over twice as high as the rate for elderly Whites (See Figure 20), although it was considerably below the rate for Black elderly. Many more elderly Hispanics lived in near-poverty as defined by the federal government; in 1986, 33% of Hispanic elderly had incomes below 125% of the poverty level, compared to 45% of Black elderly and 18% of White elderly.

The analysis of data on the elderly by Emily Agree of Georgetown University reveals that elderly women living outside metropolitan areas are the most impoverished group of all. In 1980 among the Hispanic elderly, 38% of rural women lived in poverty, compared to 68% of rural Black women and 21% of White rural women.

FIGURE 20

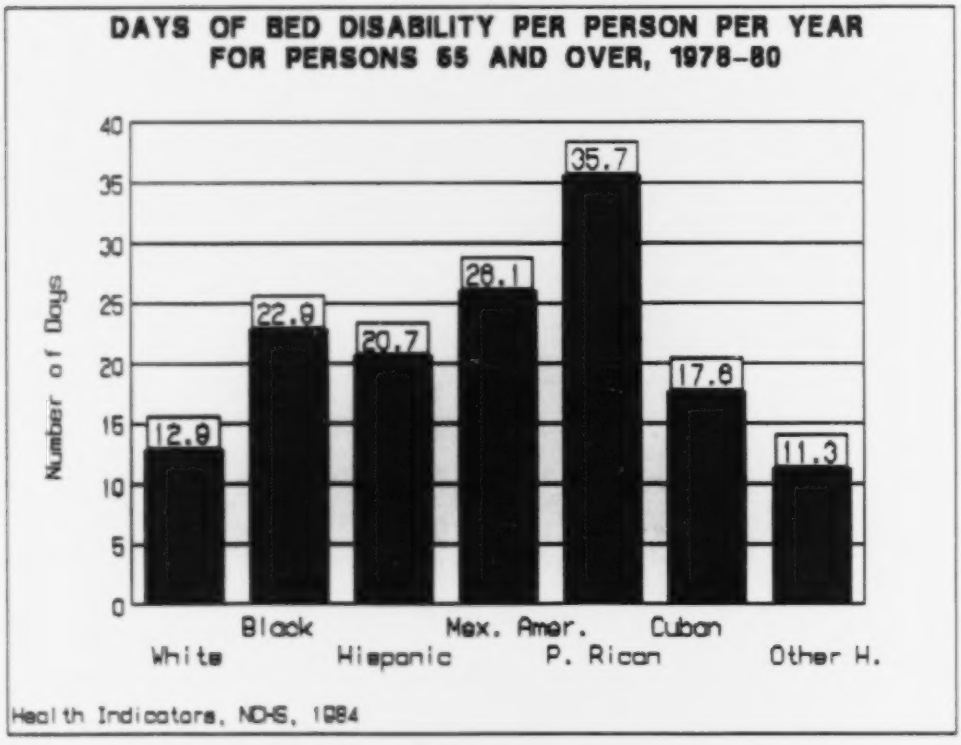


F. Health

Hispanic elderly often suffer from chronic illness or disability. According to a 1980 survey conducted by the Asociacion Nacional Pro Personas Mayores, arthritis, hypertension, and cardiovascular conditions were the most common health complaints of the Hispanic elderly. The survey also found that more than one-fourth of Puerto Ricans and about one-fifth of Mexican Americans, Cubans, and Other Hispanics were disabled. According to data from the 1978-80 National Health Survey, Hispanics 65 and over were more likely than the general population to report limitations of activity due to chronic conditions; 47.5% of Hispanics versus 44.3% of non-Hispanic Whites reported such limitations. Among Hispanic subgroups, Mexican Americans and Puerto Ricans were most likely to report such limitations; 52.4% of Mexican Americans and 52.6% of Puerto Ricans reported curtailed activities, compared to 42.1% of Cubans. Blacks had the highest rates, with 57.2% indicating activity limitations due to chronic conditions.

One specific measure of disability is the number of days of bed disability per person per year. The National Health Survey found that the Hispanic elderly had fewer days of bed disability than Black elderly, but more days than White elderly. Among Hispanics, Puerto Ricans had the highest rates of bed disability, followed by Mexican Americans and Cubans (See Figure 21). Subgroup data should be viewed with some caution, however, because samples in the survey -- especially for Puerto Rican elderly -- were small.

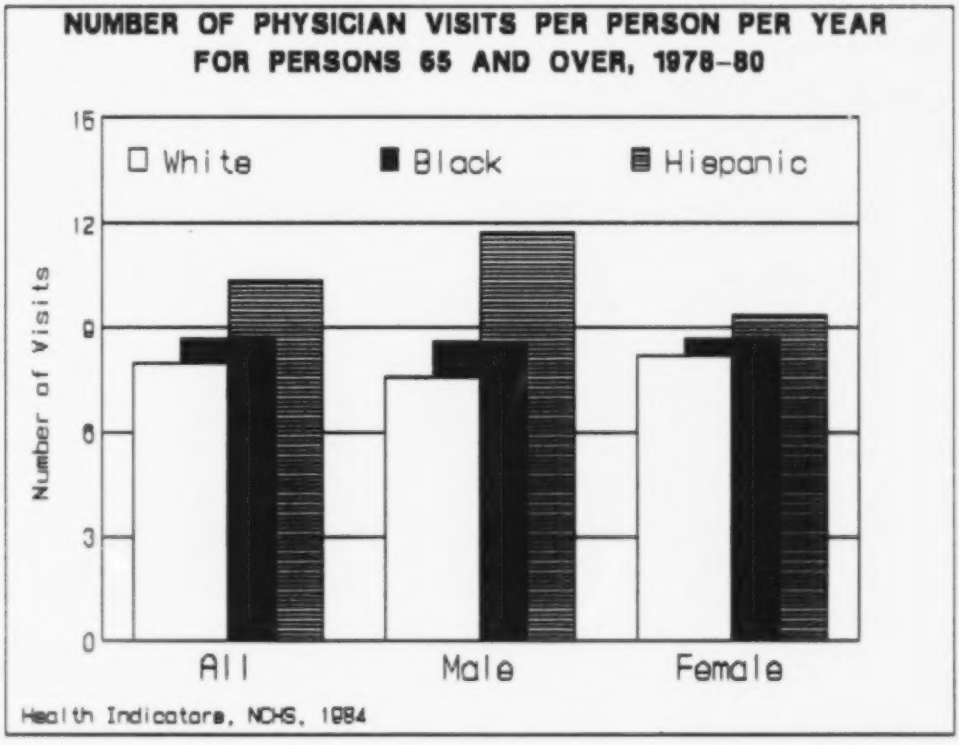
FIGURE 21



Federal data on minority health status indicate that even though many suffer from chronic health problems, they seek the physician's office as the usual place for treatment. They tend to use formal, long-term care services less than other elderly, preferring to remain at home under a physician's care. Data from the National Health Survey indicate that Hispanic elderly who do consult physicians are likely to have more physician visits than any other elderly groups. In a 1978-80 survey, Hispanic elderly were found to consult with physicians 10.3 times per year, compared to 8.7 visits for Black elderly and 8.0 visits for White elderly. Elderly Hispanic men visited the doctor more often than Hispanic women, while Black men and women had a similar number of visits, and elderly White women had more visits than men (See Figure 22). Among the Hispanic subgroups, the Cuban elderly were more likely to visit a physician than other subgroups; they had an average of 13.3 physician visits a year, compared to 11.8 for Mexican Americans, 7.8 for Puerto Ricans, and 7.5 for Other Hispanics.

Hispanic elderly -- especially Mexican Americans -- are less likely than Whites to receive dental care. The National Health Survey found that 4.7% of Hispanic elderly had never been to a dentist, compared to 0.5% of non-Hispanics. Among Mexican American elderly, 10.3% had never been to a dentist, compared to 2.1% of Black non-Hispanics and 0.3% of White non-Hispanics.

FIGURE 22



Hispanic elderly tend to underutilize many types of health care services, according to the Georgetown University study. Cost is an important factor. Data on Medicare were unavailable since the federal government does not maintain recipient data by race and Hispanic origin. It is safe to assume that a very high proportion of Hispanic elderly who are receiving Social Security benefits and are 65 years and over are enrolled in Medicare. As for Medicaid, the data are incomplete because states are not required to collect recipient data specifying Hispanic origin. The Georgetown study indicated that in 1980 only 71% of eligible Hispanic elderly were actually enrolled in Medicaid, although Hispanics had high levels of Medicaid-eligibility.

As the above data indicate, most of the available health information on Hispanic elderly comes from surveys completed in 1980 or earlier. Some additional information is expected from the Hispanic Health and Nutrition Examination Survey (HHANES), but specific information on the health status and needs of elderly Hispanics remains incomplete.

V. ANALYSIS AND IMPLICATIONS

The Hispanic elderly in the United States are facing a crisis which will affect not only the entire Hispanic community but also the broader society. While Hispanics 65 years of age and over today account for only about 5% of the total Hispanic population, their numbers are growing rapidly. Available demographic data make it clear that elderly Hispanics suffer from high poverty rates and often lack any semblance of economic security, although many have spent 50 years in the labor force. The information which is presented in this profile shows that elderly Hispanics are an extremely vulnerable subpopulation, and suggests a number of critical policy implications.

The living arrangements of the Hispanic elderly are of special importance. The great majority of Hispanic elderly live in households in the community, either alone, or more often, with their spouses or other family members. Hispanic culture places high priority on keeping the elderly with the younger generations, which results in many multigenerational families. This situation is highly desirable from a societal perspective, but it also puts the burden of caring for the elderly on the community and the family.

Unfortunately, current public policies and programs too often discourage rather than encourage extended families. For example, in order to receive housing assistance, the elderly must very often live in housing projects which do not permit multigenerational families; elderly Hispanics must live only with other elderly. Similarly, while long-term care benefits are often available to institutionalized elderly, they are usually denied when grown children choose care for their parents at home. This causes great economic hardship for Hispanic families with limited resources.

Hispanic elderly are less likely than the overall elderly population to be financially independent, with resources adequate to permit them to retire if they wish to do so, and to live in dignity. About one-fourth of the Hispanic elderly receive no Social Security benefits, and only one-fifth receive other pensions or annuities. Only about one-third have any income from assets. As a result, more than one-fourth must depend on some form of public assistance, usually Supplemental Security Income, and for over half of recipients, such assistance represents the majority of their income.

The lov level of Social Security coverage for elderly Hispanics can be partially explained by several factors. While in the labor force, many had jobs which were not covered by Social Security and did not offer any other form of pension plan, either public and private -- this is true particularly for farmworkers. Hispanics have traditionally been severely underrepresented as government employees, and as a result they are less than half as likely as White elderly to be receiving public pensions.

A 1980 study by Dr. Alejandro Garcia of Syracuse University found that some elderly Hispanic males who should have been eligible for Social Security benefits were not receiving them, for a variety of reasons. Some were working in jobs which were covered by Social Security but had not been in such jobs long enough to complete the minimum number of quarters required before receiving benefits; thus they were forced to work past normal retirement age to become eligible for benefits. Other factors included lack of knowledge about how to

apply for benefits, fear of government agencies, and ignorance of eligibility criteria; such factors are also likely to result in underutilization of various community services and benefit programs. Garcia also found that those Hispanics receiving Social Security benefits were receiving considerably lower amounts than their White counterparts.

Because most elderly Hispanics have held low-paying jobs throughout their working lives, they are likely to receive minimum or near-minimum benefits when they retire. This results in high rates of poverty and near-poverty, because Hispanic elderly who do receive Social Security benefits tend to depend on Social Security more than the White elderly; for about one-fourth it is the only source of income. This means that cutbacks or limitations on Social Security, such as a freeze in benefits, would have a particularly severe negative impact on them. According to The Villers Foundation, a freeze or a delay in the Social Security cost-of-living adjustment (COLA) would significantly increase the poverty rate among the elderly, because so many have incomes hovering just above the poverty line. This is clearly true for Hispanics, since one-third of non-poor elderly Hispanics have incomes below 125% of the poverty level.

The poverty rate for Hispanic elderly has decreased somewhat, from 32.6% in 1975 to 22.5% in 1986. However, the total number of Hispanic elderly in poverty has grown steadily, increasing from 137,000 in 1975 to 204,000 in 1986. Furthermore, Hispanic females are more likely to be poor than Hispanic males, which is consistent with the overall "feminization of poverty" in this country. Since many elderly Hispanic women either were never part of the work force or worked in jobs which were not covered by Social Security, Hispanic women are especially likely to be without any kind of retirement benefits, and thus to depend totally upon the income of their husbands. Women tend to live longer than men, and widowed Hispanic women face particular economic problems. For example, 32% of non-married Hispanic women were receiving SSI in 1984, compared to 16% of married couples.

Another factor which negatively affects retirement benefits is that many Hispanics apparently leave the work force before retirement age for health reasons or due to dislocation. Hispanics -- and especially Hispanic women -- are more likely than either White or Black workers to be dislocated through plant closings or other events beyond their control. Data on health factors are incomplete, but the Hispanic elderly appear more likely than the total elderly population to suffer from chronic health problems which limit their activities. Since most Hispanic elderly have held blue-collar jobs or worked as farmworkers, the likelihood of their exposure to dangerous working conditions and physical injuries has typically been greater than for most other workers. Another reason for early disability is that many Hispanics entered the work force younger than most Americans because they left school at an early age; by age 60 they may have worked more years than the average retiree.

Hispanic elderly are almost twice as likely as the total elderly population to receive neither Social Security nor Supplemental Security Income (SSI). This is partly because SSI fails to reach many of the people who meet its eligibility criteria. It has been estimated that about half of the potentially eligible population does not participate, largely because of a lack

of knowledge about the program. A 1983 study by the Social Security Administration found that 45% of those surveyed who were eligible but not participating had no idea that SSI existed.

Lack of access to community-based services is a major problem for elderly Hispanics, and is likely to become even more serious as the population increases. For example, health problems are exacerbated because elderly Hispanics tend to underuse many types of health care services. Many Hispanic elderly held or still hold jobs which are unlikely to include health benefits; participation rates for Medicaid and Medicare are difficult to estimate since data on the race or Hispanic origin of recipients are not routinely collected.

As mentioned earlier, the President's Commission on Mental Health identified the Hispanic elderly as an at-risk and vulnerable population. Title III of the Older Americans Act, which funds supportive services for the elderly, requires that State Agencies on Aging prepare a plan to assure that in providing services to older persons, preference be given to those with the greatest economic or social needs, with particular attention to lov-income minority individuals. However, data from the Administration on Aging (AoA) reveal that participation by minority elderly persons in Older Americans Act Programs has dramatically declined in this decade, from 22% of clients in 1980 to 17.5% in 1985. There was a decrease in minority participation in congregate nutrition services as well as home-delivered nutrition services.

A 1982 report by the United States Commission on Civil Rights stated that ethnic minority elderly persons were not participating in programs funded by the Administration on Aging for numerous reasons. First, although the Older Americans Act explicitly states that bilingual services should be provided for elderly persons who do not speak English, funded programs did not maximize the use of community supports, and program staff had a limited knowledge of minority language and cultural differences. Second, many nutrition sites and programs were located outside of minority communities, making them inaccessible or difficult to reach due to lack of transportation. And third, many minority elderly were prevented from participating in programs because they could perceive that they were not welcome.

Such factors negatively affect Hispanic elderly participation in every kind of benefit and service program. Elderly Hispanics are the least educated elderly population, due largely to poverty and discrimination. Illiterate or limited-English proficient elderly persons typically lack access to most elderly services provided by both public and private agencies due to lack of knowledge about the programs, low likelihood of being reached through written outreach materials, and inability to communicate with monolingual service agency employees. Lack of effective outreach by public agencies in predominantly Hispanic communities provides a further obstacle. A National Council of La Raza analysis of the "Non-Participation of the Neediest in Income Assistance Programs" confirmed that those most in need of income support or service programs often are also least likely to locate and successfully apply for such benefits.

Problems of inadequate resources and services can only become more serious as the Hispanic population grows, unless appropriate changes are made in public policies and programs.

VI. CONCLUSIONS AND RECOMMENDATIONS

Family policy regarding the elderly has in recent years been a patchwork of band-aid approaches which address the most visible and critical problems and respond to public pressures, but are not proactive and do not reflect any clear national priorities. The present administration has joined most gerontology experts in advocating more family involvement in caring for the elderly, but this belief has not been translated into public policies or program directives. Instead of supporting extended families, too often program guidelines compartmentalize the elderly and separate them from the younger generations. Moreover, strong support for Social Security has sometimes led policy makers to overlook other needs which that program cannot meet. As a result, Hispanic and other low-income and minority elderly have seen too little improvement in their economic status, and there has been a decline in funding for many critical community-based service programs.

Many policy makers advocate increased emphasis on self-help among the elderly population. This is appropriate for those elderly who have access to resources. But for a large proportion of the Hispanic elderly, facing poverty, poor health, and language barriers, a supportive mechanism is required which permits the elderly to survive with dignity.

A partnership is needed between the government and the family -- with the participation of community-based organizations and the private sector -- in order to improve the socioeconomic status of the Hispanic elderly. The National Council of La Raza believes that certain critical problems must be addressed, and several kinds of policy and program initiatives are necessary to improve the quality of life for the Hispanic elderly -- and for other low-income and minority elderly -- in American society.

Policy formation requires an understanding of the current status of the Hispanic elderly; problems and needs must be well documented before action to solve them can be successfully advocated. Such documentation can be provided only through more extensive collection, tabulation, analysis, and reporting of data by public agencies and recipients of public funding for elderly services. It has been more than a decade since the Roybal Amendment (P.L. 94-311) directed federal agencies to "develop methods for improving and expanding the collection, analysis, and publication" of social statistics on Hispanics. Yet basic information about Hispanic health status, including morbidity and mortality data, are still not consistently collected; national information on the number and proportion of Medicaid and Medicare recipients is not available; Hispanics are not sufficiently oversampled in many national surveys to generate reliable, valid data or subgroup information; and data on Hispanics from the Decennial Census are often incompletely analyzed or not published. A federal mandate is needed to implement the Roybal Amendment, with special attention to providing data by age group and Hispanic subgroup.

Policy changes are needed to improve the economic status of the Hispanic elderly and of extended families who care for them. Of particular concern is the need for greater equity in the Social Security system. Public and private pensions typically are based not simply on the age of the worker, but on the number of years worked, yet once the required number of quarters have been

worked, Social Security ignores number of years in the labor force. A variable age formula should be investigated which would take into account the number of years worked as well as age. Given the large proportion of Hispanics, especially Hispanic women, who are ineligible for Social Security, it is essential that effective action be taken to assure that persons eligible for SSI actually receive those benefits. A minimum income for the elderly would greatly benefit Hispanics. Equally important are employment programs which assist those Hispanic elderly who are both able and eager to work either part-time or full-time.

Some federal program guidelines should be changed so that they no longer have the effect of forcing elderly Hispanics into poverty, especially surviving spouses of persons who have had long illnesses requiring extended care. For example, more humane policies are needed that would not require elderly persons to divest themselves of all property and income in order to receive financial assistance such as Medicaid. Some form of catastrophic health insurance or similar mechanism is needed to protect Hispanic elderly and their families from financial ruin as a result of long-term chronic or terminal illness.

Since it is generally both less expensive and more socially desirable for elderly people to be cared for at home than for them to be institutionalized, guidelines for long-term care should be revised to help maintain rather than separate multigenerational families. Tax benefits should also be investigated for families that care for their elderly at home. Guidelines for elderly housing assistance and other cash and non-cash benefit programs should also be revised to encourage and support multigenerational families. The Hispanic family support network needs support services, not family substitutes.

Social and health services must be expanded, and public policy should emphasize the development of community support mechanisms for the elderly and their families. A first step is to enforce AoA legislation and regulations calling for targeting of services to minority and low-income elderly; more culturally appropriate service delivery is also essential. Since about 90% of the Hispanic elderly speak Spanish at home, and a large proportion have been denied equal access to education, service providers with public funding should be required to have staff who can communicate with the Hispanic elderly. Information and referral services must be available to inform eligible elderly persons about services to which they are entitled, and public agencies should be required to establish effective outreach programs to identify isolated elderly persons who are at-risk in order to assure their access to services.

Many of these recommendations can be implemented without large-scale increases in resources. They require instead a reallocation of existing funds to better target those who are most in need, and changes in regulations which emphasize community-based services rather than institutionalization, and support for multigenerational families rather than segregation of the elderly. What is needed are policies and programs which enable Hispanic elderly to live as productive members of their communities.

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